

## PUBLIC HEALTH NURSES – ISSUES, RECOMMENDATIONS, &amp; PROJECT PLAN

## I. OVERVIEW OF ISSUES AND RECOMMENDATIONS

**Background**

The Departments of Children and Family Services (DCFS) and Public Health (DPH) each have public health nursing programs that serve DCFS children at the 18 DCFS regional offices. Both groups of PHNs conduct similar activities, including: consultations with Children's Social Workers (CSWs) for children with medical conditions, coordination of care, and documentation of medical information into the Health and Education Passport (HEP) within the Child Welfare Services/Case Management System (CWS/CMS). *While the two nursing programs conduct many similar activities, they perform distinct functions.*

The DCFS PHNs, who consult with CSWs on Emergency Response (ER) referrals, assess the health care and safety needs of children as they enter the DCFS system during the investigative phase, and they often conduct joint visits with the CSWs. The DCFS PHNs who work on Family Maintenance (FM) or voluntary Family Reunification (VFR) cases follow up with children with medical conditions to provide ongoing support throughout the case.

The DPH PHNs ensure that the health care needs for court-detained children placed in out-of-home care are identified and met on an ongoing basis, and this includes services to the Probation Department and Children's Court. The DPH program PHNs conduct joint visits only in emergency situations. For open court Family Reunification (FR) and Permanent Placement (PP) cases that receive an ER referral, the DPH PHN continues to be on the case.

**Statistics**

Table 1 shows a total of 47 DCFS PHNs provide consultation services to CSWs for children and families referred to ER, VFM/FM, and VFR. In addition, 75 DPH PHNs provide consultation services to CSWs for children who are in court-detained, out-of-home care (court FR and PP).

| Table 1: Overview of PHN Role by Department |      |    |        |         |    | Selected Activities – June 2011 |            |                  |
|---|------|----|--------|---------|----|---------------------------------|------------|------------------|
| Dept.                                       | PHNs | ER | VFM/FM | FR      | PP | Consults <sup>1</sup>           | All Visits | HEP <sup>2</sup> |
| DCFS  | 47   | ✓  | ✓      | VFR ✓   |    | 4,400                           | 608        | 2,138            |
| DPH   | 75   |    |        | Court ✓ | ✓  | 4,607                           | 97         | 4,680            |

Selected PHN duties are shown in Table 1, and additional activities performed by PHNs include: medical record reviews, referrals, case conferences, office visits, phone call responses, and review of forms from providers. In June 2011, DCFS received a total of 10,667 referrals and DCFS PHNs conducted 4,400 consultations (41% of referrals) and 608 visits for children with medical or developmental conditions in ER or FM. The DPH PHNs are responsible for ongoing consultations for FR and PP children with medical conditions and conducted 4,607 consultations in June 2011. Moreover, the DPH PHNs update annual physical and dental exam information for over 18,000 children who are in court-detained, out-of-home care, research the child's medical history, and educate foster parents about their child's specific medical needs. Although DPH PHNs do not accompany CSWs on as many visits as DCFS PHNs, they made 3,143 phone calls to providers and caregivers as part of their coordination activities and reviewed 3,215 medical records in June 2011.

<sup>1</sup>Consults may include follow-up.

<sup>2</sup>HEP includes both new and updated entries. Initial requests for medical records often take time, and the receipt of record precedes HEP data entry.

## Funding

DCFS PHNs are not funded through California's Health Care Program for Children in Foster Care (HCPFC), but receive Title XIX funds from the California Department of Social Services for services provided by Skilled Professional Medical Personnel (SPMP).

The HCPFC program funds the DPH PHNs and is administered by the California Department of Health Care Services through Title XIX and receives enhanced Medi-Cal reimbursement for SPMP case management activities provided only to children in foster care (FR/PP or court detained, out-of-home care).

**Table 2: Actual Expenditures by Department for PHNs (FY 2010-11)**

| Funding           | DCFS        |        | DPH          |        |
|-------------------|-------------|--------|--------------|--------|
| Federal Title XIX | \$3,915,739 | 75.0%  | \$8,173,390  | 73.6%  |
| State Title XIX   | 913,673     | 17.5%  | 2,006,704    | 18.0%  |
| County NCC        | 391,573     | 7.5%   | 928,707      | 8.4%   |
| Total             | \$5,220,985 | 100.0% | \$11,108,801 | 100.0% |

Note: For DPH, the HCPFC does not provide a County match (Federal: \$5,585,370; State: 2,006,704). A Foster Care County match is provided to meet cost of living increase (County: \$928,707) with Federal match (\$2,588,020).

## Lessons Learned

In 2008, DCFS and DPH implemented the Lakewood pilot so that PHNs from either department could serve children in the front-end (ER) or back-end (FM/FR/PP). In reviewing the pilot, both departments agreed that the benefits of this model do not outweigh the costs. While the six-month pilot did suggest improvements in teaming, the implementation phase of the pilot did not track changes in outcomes. Moreover, as the HCPFC funding stream would only reimburse court detained, out-of-home care, additional funding would be required. While DPH indicated adequate staffing levels for the HCPFC, DCFS indicated the need for additional nursing staff.

## Recommendations

Therefore, as described in the proposed project plan that follows, the departments decided to keep the programs separate and focus on:

- Utilization of existing resources to improve and better coordinate the two nursing programs by:
  - Clarifying the roles of PHNs to increase communication and integration with CSWs
  - Standardizing PHN assignments to improve coordination between the child welfare and public health systems
  - Enhancing information exchange to increase knowledge of the CSW and PHN team
  - Developing an evaluation plan to show process measures and outcomes
- Identification of funding sources for additional DCFS staff and/or expansion of PHN duties.



## II. PROPOSED PROJECT PLAN

### 1. Utilization of existing resources to improve and better integrate the PHN programs

#### A. Clarify roles of DCFS and DPH PHNs to increase communication and opportunities for consultations and joint home visits with CSWs

- By October 28, 2011, define and document the roles of DCFS and DPH PHNs to clarify with one another as well as with CSWs.
- During November 2011, each SCSW and Supervising PHN will hold a unit staff meeting with CSWs and PHNs to clarify the roles of PHNs in ER, FM, and FR.

#### B. Standardize the PHN assignment and transfer process to improve coordination among PHNs and between CSWs and PHNs

- By October 28, 2011, establish a standard process for secondary assignment of ER referrals.
- By November 30, 2011, establish a standard process for transferring cases to PHNs who work on FM and FR cases by having the transfer desk (SAAMS) ensure the Nurse Consultation Form is provided to the CSW in order to assign PHNs to each case.
- By December 1, 2011, at USC-LAC and two additional County hospitals, identify a hospital liaison and formalize procedures to prioritize and expedite requests for medical records (adopt the Kaiser model to build relationships with hospitals).
- Restructure the Hotline Screener Narrative to highlight children with medical or developmental conditions who require PHN consultation (date to be determined).

#### C. Enhance information exchange between CSWs and PHNs to increase team knowledge

- Beginning in November 2011, at one staff meeting each month, CSWs and PHNs will brief the team on a child welfare or public health topic.
- Beginning in October 2011, the PHN and CSW management team will have regular monthly meetings to encourage joint problem solving and share best practices.

#### D. Develop one data collection and evaluation plan to show process measures and outcomes

- By October 28, 2011, define and implement the secondary assignment of PHNs to cases in CWS/CMS.
- By November 30, 2011, automate reports to track PHN assignment and children served to eliminate duplicative data entry related to PHN case information.
- By January 31, 2012, develop an interface between DCFS and DPH data systems to decrease duplicated data entry and promote information sharing.
- By February 1, 2012, finalize an evaluation plan to identify shared outcomes for DCFS and DPH PHNs.

### 2. Identification of funding sources for additional DCFS staff and/or expansion of PHN duties

- A. By November 28, 2011, review proposal to add 20 PHNs and three Supervising PHNs to the DCFS program using Waiver reinvestment funds.
- B. By November 28, 2011, review proposal to expand current MOU with DHS for 14 additional PHN staff (two per HUB). These PHNs would have flexibility to work front or back-end.
- C. Review a proposal to First 5 LA to support examinations at home visits for children 0-3 years of age (ER only), (date to be determined).
- D. By November 28, 2011, work with County Counsel to assess County liability regarding any proposal for additional funding and/or expansion of PHN duties.

## APPENDIX

## PHN and CSW Interaction - Process

Starting with the time the Hotline staff receives a call from a reporting party about suspected abuse or neglect, the following steps in Chart 1 outline the CSW interaction with the PHN. The next page provides more detail about each step and suggested recommendations to focus on improving coordination and more timely connections between CSWs and PHNs.

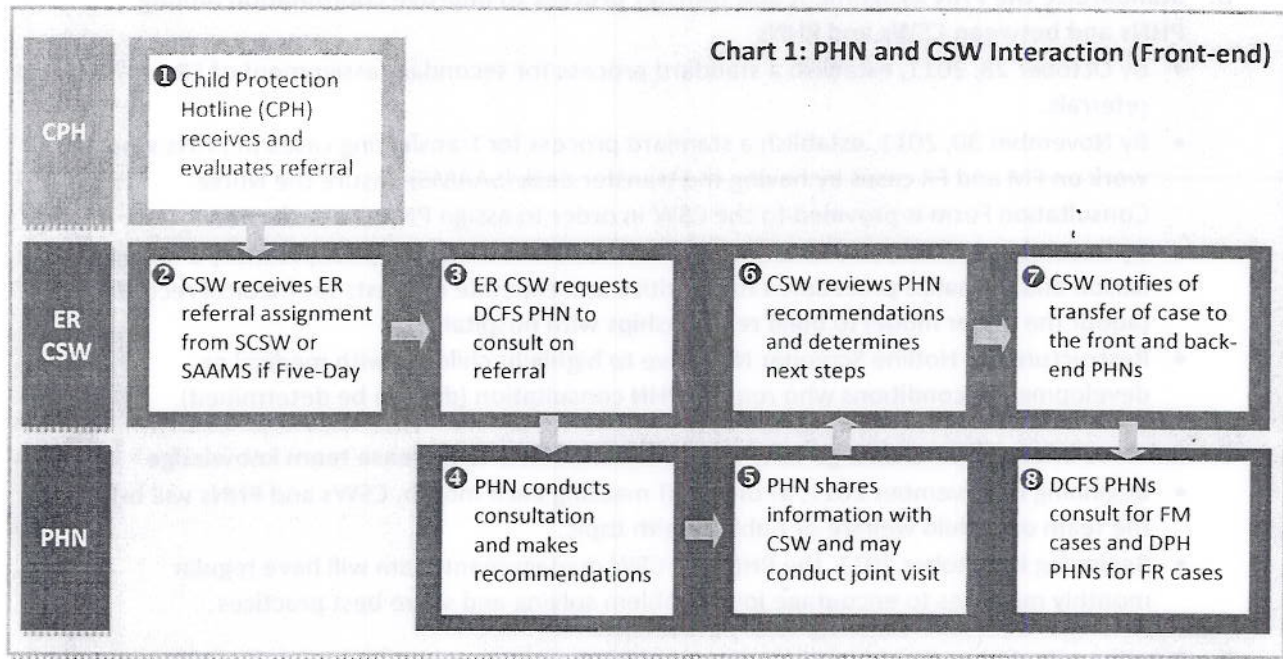


Table 3 shows main PHN activities at the ER, FM, FR, and PP stages. Among additional activities, PHNs may also conduct hospital visits, school/office visits, and critical incident/child fatality reports.

| Table 3: PHN Responsibilities   | ER/FM/VFR<br>(DCFS) | FR/PP<br>(DPH) |
|---|---------------------|----------------|
| • Create comprehensive, permanent medical history   | ✓                   | ✓              |
| • Provide consultations to CSWs for children with medical or developmental conditions (Joint Response Referral) | ✓                   | ✓              |
| • Update notes from medical provider in the CWS/CMS HEP   | ✓                   | ✓              |
| • Update the CWS/CMS contact page   | ✓                   | ✓              |
| • Update physical and dental exam information in CWS/CMS  | ✓ <sup>3</sup>      | ✓              |
| • Accompany CSW on joint visits   | ✓                   | ✓ <sup>4</sup> |

<sup>3</sup>The ER PHNs at DCFS often do not receive physical and dental exam information from the medical provider prior to case promotion. For those who receive exam information, the DCFS PHN enters the information in CWS/CMS.

<sup>4</sup>The DPH PHN accompanies the CSW on joint visits only in emergency situations.



## Process Steps &amp; Recommendations

| Process Step  | Recommendation  |
|---|---|
| <b>① Child Protection Hotline receives and evaluates referral</b><br>The Hotline staff determines whether a referral should be evaluated out or investigated by the Emergency Response (ER) Unit. If the referral is to be provided to the ER, the Hotline staff categorizes the response time for the referral as Immediate, Due By, or Five-Day.  | Hotline staff would identify medical or developmental condition on first line of the Screener Narrative.  |
| <b>② CSW receives Emergency Response (ER) investigation assignment</b><br>The SAAMS (Search Attach Assign Merge Specialist) reviews and assigns each Hotline referral to an ER Unit. Immediate and Due By referrals are first reviewed by the Supervising Children's Social Worker (SCSW) who then assigns to a CSW, whereas the SAAMS directly sends Five-Day referrals to the ER CSW.   | The SAAMS would include a pre-populated Nurse Consultation Form with each packet provided to the CSW. The same form (revised) would be used if the case is transferred to a back-end nurse. |
| <b>③ ER CSW requests DCFS PHN to consult on referral</b><br>The ER CSW reviews the Screener Narrative in CWS/CMS. The Joint Response Referral Procedural Guide states the CSW must consult within three calendar days with the PHN, if a medical or developmental condition is identified. If any information that indicates the child has a medical or developmental condition, the CSW completes a PHN Consultation Form and gives the form to a PHN assigned to the SCSW Unit.   | Upon receiving the assignment, the PHN enters her/his name as the secondary for each case in CWS/CMS. The caregiver knows his assigned PHN and may contact to ask questions.                |
| <b>④ DCFS PHN conducts consultation for ER Referral</b><br>The DCFS PHN consults with the ER CSW on health care needs, reviews the Consultation Form, all referral information, medical records and the HEP in the CWS/CMS. If medical records are to be requested, the PHN works with the hospital to retrieve records. The PHN begins to follow up with the medical provider and caregiver to ensure coordination of care and follow up. For ER Referrals received for children in foster care placement or permanent placement, the ER CSW consults with the DPH PHN.  | Establish hospital liaison and formal procedures to prioritize the request for medical records by the PHN. (the Kaiser model would be adopted at County hospitals)                          |
| <b>⑤ PHN shares information with CSW and may conduct joint visit</b><br>If the PHN feels that a joint visit with the CSW would be beneficial in learning more about the child or the child has a medical condition that requires monitoring and linkage with resources/services, the PHN will recommend a visit with the CSW. The CSW will review the PHN's notes and initiate the joint visit. Upon completion of the home visit, the PHN coordinates care and follows up with the child, family, and medical provider. Whenever the PHN contacts any member of the medical team, family, or other service provider, the PHN updates the contact information and HEP in CWS/CMS. | Establish criteria for joint visit, and clarify roles and responsibilities with team. The caregiver knows his assigned PHN and may contact to ask questions.                                |



**⑥ CSW reviews PHN's recommendations and determines next steps**

The CSW reviews the PHN's notes and determines whether referral(s) for additional services or resources is needed. After the CSW reviews all information and assesses safety and risk, a determination to open the case is made. If the CSW decides to open a case, the referral is promoted to either a Family Maintenance (FM) or a Family Reunification (FR) case. The FM and FR case may be Voluntary or Court appointed. See below for referrals to Medical HUBs<sup>5</sup>

Improve communication to notify PHNs about a transfer to FM/FR. A new Consultation Form will be attached the Nurse to Nurse Transfer information, and the assignment desk will check to ensure the document is included in the FM/FR CSW's packet.

**⑦ CSW notifies of transfer of case to the front and back-end PHNs**

The Assignment Desk (SAAMS) maintains a log in order to assign FM/FR CSWs to each case transferred to the back-end. The FM/FR CSW has responsibility for giving the Consultation Form to the PHN.

Upon receiving the Consultation Form, the PHNs begin work on the case and enter their name as secondary into CWS/CMS. The ER PHN will also be notified of the transfer and will exit the case in CWS/CMS.

**⑧ PHNs provide consultation for FM, FR, and PP cases**

If court detained, out-of-home care (FR or PP), then to DPH PHN. If not out-of home care (FM, VFR), the case goes to the DCFS PHN. Both PHNs perform the following activities:

- Reviews Consultation Form, medical records, and HEP
- Requests for medical records, if necessary
- Updates HEP and CWS/CMS contact page
- Consults with CSW and makes recommendations
- Reviews PM-160 form from provider
- Consults with provider and caregiver
- Updates HEP, contacts, SARS, and CMS portal (DPH only)
- Makes referrals and follows up with caregiver and provider as needed
- Updates medical/dental exam information annually

The CSW attaches the HEP to the Court report.







The PHN may accompany the CSW on a joint visit; fewer visits occur during FR than FM.

Establish criteria for joint visit, and clarify roles and responsibilities with team.



<sup>5</sup>Referrals to Medical HUBs

- Initial Medical Examinations are to be conducted within the first 72 hours of initial placement following detention for high risk children and children 0-3 years of age; all other children are to have their initial medical examination within the first 30 days of initial placement following detention.
- Forensic Medical Examinations are completed when there are allegations of physical or sexual abuse. A forensic exam is requested immediately and should take place within 72 hours of placement, whenever possible. Parental consent or a Court Order is not necessary for a forensic exam to be completed when the child has been taken into protective custody and a forensic specialist deems it is appropriate.



| Milestone   | Description  | Initial Target | Action Steps toward Milestone Accomplishment  | Individuals Responsible   | Progress   |
|---|--|----------------|---|---|--|
| <b>A) Clarify roles of DCFS and DPH PHNs to increase interaction and opportunities for consults and joint home visits with CSWs</b> |  |                |   |   |  |
| 1) Define and document the roles of DCFS and DPH PHNs   | Clarification of roles with PHNs, CSWs, and Supervisors would promote more timely involvement of PHNs.                     | 10/28/2011     | 1) Prepare fact sheet on roles of ER, FM, and FR PHNs<br>2) Review document with selected staff and incorporate their feedback  | Dr. Charles Sophy<br>Wes Ford<br>Dawna Yokoyama<br>Dr. Joseph Duke          | <br><br>20%   |
| 2) Each SCSW and Supervising PHN will clarify roles at unit staff meeting with CSWs and PHNs  | Clarification of the roles of PHNs in ER, FM, and FR would help CSWs understand the benefits of working with PHNs.         | 11/30/2011     | 1) Share and discuss document with CSW and PHN staff at unit meetings<br>2) Continue dialogue with management and staff to incorporate feedback and provide clarification   | Dr. Charles Sophy<br>Wes Ford<br>Dawna Yokoyama<br>Dr. Joseph Duke          |               |
| <b>B) Standardize the PHN assignment and transfer process to improve coordination among PHNs and between CSWs and PHNs</b>          |  |                |   |   |  |
| 1) Restructure Hotline Screener Narrative   | Highlight children with medical or developmental conditions on the Screener Narrative.                                     | TBD            | 1) Redesign Screener Narrative to indicate the reporting party (i.e., medical personnel) and identify children with medical conditions on the first line of the narrative<br>2) Share with Hotline staff, CSWs, and PHNs to incorporate suggestions   | Cleo Robinson<br>Mark Miller  |               |
| 2) Establish a standard process for secondary assignment of PHNs on ER referrals  | Standardized assignment and simplification of forms would result in more timely connections with PHNs.                     | 10/28/2011     | 1) Revise the Nurse Consultation Form and procedure; attach the Nurse to Nurse Transfer forms<br>2) Inform PHNs of assignment as secondary in CWS/CMS<br>3) Gather feedback on revised, consolidated Nurse Consultation Form<br>4) Develop procedure for SAAMS (assignment desk) to ensure Nurse Consultation Form is in CWS packet<br>5) Revise procedures and train CSWs on use of form with PHNs | Dawna Yokoyama<br>Janet Newton<br>Dr. Charles Sophy<br>Maria Lieras         | <br><br>20% |
| 3) Establish a standard process for transferring cases to PHNs who work on FM and FR cases as secondary                             | Standardized assignment and simplification of forms would result in more timely transfers with PHNs.                       | 11/30/2011     | 1) Inform PHNs of new secondary assignment in CWS/CMS<br>2) Develop procedure for SAAMS (transfer desk) to ensure new Nurse Consultation Form is in CWS packet<br>3) Revise procedure and train CSWs on use of Nurse Consultation Form with PHNs  | Dawna Yokoyama<br>Wes Ford<br>Dr. Joseph Duke<br>Julia Wood<br>Janet Newton | <br><br>20% |
| 4) Expedite requests for medical records  | Adopt the Kaiser model to build relationships with County hospitals by formalizing procedures for medical record requests. | 12/1/2011      | 1) Identify a hospital liaison at USC-LAC and two additional County hospitals<br>2) Formalize procedures with hospitals to prioritize and process medical record requests from PHNs<br>3) Train PHNs on new process   | Donna Fernandez<br>Maria Lieras<br>Julia Wood                               | <br><br>20% |



| Milestone  | Description  | Initial Target | Action Steps toward Milestone Accomplishment  | Individuals Responsible                        | Progress   |
|--|--|----------------|---|--|--|
| <b>C) Enhance staff knowledge and learning from peers</b>  |  |                |   |  |  |
| 1) Enhance information exchange between CSWs and PHNs to increase team knowledge                                       | Sharing information about public health topics and the child welfare system would help CSWs and PHNs with their responsibilities and promote team building   | 11/30/2011     | 1) At one staff meeting each quarter, CSWs and PHNs will brief the team on a child welfare or public health topic   | RAs<br>Maria Lieras<br>Julia Wood              |  |
| 2) Hold regular management meetings  | Ongoing review of program progress would promote continuous improvement.   | 10/28/2011     | 1) The PHN and CSW management team will have regular monthly meetings to encourage joint problem solving and share best practices   | Team<br>CEO staff                              |  |
| <b>D) Develop data collection and evaluation plan</b>  |  |                |   |  |  |
| 1) Develop an evaluation plan to identify shared outcomes for DCFS and DPH PHNs  | An evaluation plan for both DPH and DCFS would allow for monitoring and reporting of key outcomes.   | 2/1/2011       | 1) Review all data currently being collected and data systems used by DCFS and DPH<br>2) Note overlap of data in systems<br>3) Identify differences in data fields<br>4) Develop one plan that incorporates key outcome information from both departments<br>5) Propose to management and incorporate suggestions | Julia Wood<br>Maria Lieras<br>CEO staff        |  |
| 2) Define and implement the secondary assignment of PHNs to cases in CWS/CMS   | One data collection and evaluation plan would show process measures and outcomes for both PHN programs.  | 10/28/2011     | 1) Identify information needed from PHNs to incorporate into CWS/CMS on previous assignments<br>2) Provide instructions for PHNs on entry of current case information   | Cecilia Custodio<br>Julia Wood<br>Maria Lieras | <br>20% |
| 3) Automate reports to track PHN assignment and children served  | These reports in CWS/CMS will rely less on manual reporting and decrease dual data entry. The reports will improve management of cases and provide more information about the volume and type of cases assigned to PHNs. | 11/30/2011     | 1) Identify basic report on PHN assignment and case information<br>2) Work with management and staff to identify additional reports that would be helpful in managing assignments and tracking outcomes   | Cecilia Custodio                               | <br>15% |
| 4) Develop an interface between DCFS and DPH data systems to decrease duplicated data and promote information sharing. | The interfacing of data across systems would save time for staff and improve efficiency.   | 1/31/2012      | 1) Review all data currently being collected and the data systems used<br>2) Note overlap of data in systems<br>3) Propose data solution for information sharing and assess costs<br>4) Present proposal to management and make decision on next steps  | Cecilia Custodio                               |  |







